

Exhibit 1

Disclosure as to Expert Witness Dawn M. Hughes, Ph.D. ABPP

March 7, 2025

I. Qualifications and Prior Testimony

Dr. Hughes is a clinical psychologist and a board-certified forensic psychologist, and a leading expert on sexual abuse, interpersonal violence, victimization, and traumatic stress. Dr. Hughes maintains an independent practice in clinical and forensic psychology, is a Clinical Assistant Professor of Psychology in the Department of Psychiatry at Weill Cornell Medical College, served as President of the Women's Mental Health Consortium from 2009 to 2017, and is the immediate past-president of the Trauma Psychology Division of the American Psychological Association. She has published, presented, and conducted professional legal and mental health trainings on the topics that will be the subject of her testimony. Dr. Hughes' testimony is based on her 25 years of clinical and forensic practice assessing victimization, her trauma-based education and training, and an extensive study of the empirical data and social science literature on sexual assault, interpersonal violence, victimization, coercive control, and trauma.

Dr. Hughes's qualifications, recent publications, and testimony in the last four years are further described in her curriculum vitae, which is attached as an exhibit.

II. Statement of Opinions, Bases, and Reasons

The following includes the anticipated opinions the Government expects Dr. Hughes will offer regarding sexual abuse and victim responses to sexual abuse; coercive control; coping strategies during and in relation to sexual abuse; delayed disclosure; and memory of sexual abuse.¹ Dr. Hughes's opinions are based on the totality of her relevant education, training, skills, knowledge, and professional experience, including her assessment and treatment of patients, her forensic assessments, her work and consultation with professional colleagues, continuing education, and review of relevant scientific literature in her field. Dr. Hughes has not evaluated any specific victim or evidence in the case, and the Government does not presently intend to offer Dr. Hughes's testimony regarding any specific victim.

Sexual Abuse and Responses

The Government expects that Dr. Hughes will testify regarding interpersonal violence in domestic relationships. Interpersonal violence is violence or abuse committed between individuals, including rape, sexual assault, sexual harassment, or intimate partner violence, among others. Interpersonal violence also refers to dynamics related to coercion and emotional abuse that may not necessarily involve physical violence as commonly understood. Sexual assault refers to contact and noncontact sexual violations. A contact sexual violation is when one individual has

¹ The defense has not yet provided notice of any testimony under Federal Rule of Criminal Procedure 16(b)(1)(C). To the extent such timely notice is provided, the Government will supplement this notice to include a statement of opinions it will elicit during its rebuttal to counter that testimony, as required by Federal Rule of Criminal Procedure 16(a)(1)(G).

physical contact with another in a sexual manner without the second individual's consent, either because the individual has not given consent, has been subject to trauma-coerced persuasion, or because they are incapable of consent. Contact sexual violations can also occur when a perpetrator directs unwanted sexual contact between the victim and a third-party. A non-contact sexual violation is limited to acts that do not involve physical contact, such as acts of voyeurism.²

The majority of sexual assaults are committed by someone known to the victim rather than a stranger. Perpetrators often exploit preexisting power differentials between themselves and their victims for the purpose of perpetuating sexual abuse and preventing disclosure.

Coercive Control

The Government expects that Dr. Hughes will testify about coercive control as a tactic of victimization (i.e. the state or process of becoming a victim) and a strategy to gain dominance across a spectrum of relationships. Coercive control refers to a strategic pattern of behavior that is designed to attain and maintain control in a relationship. Dr. Hughes's testimony is expected to explain how the overarching dynamic of victimization is an abuse of power and control where the perpetrator engages in self-centered behavior to satisfy his own goals and desires regardless of the needs, wants, and well-being of the victim. Although coercive control is commonly discussed in the context of intimate partner violence, the use of coercive control strategies can be used by perpetrators to gain and maintain control in a broad range of interpersonal relationships, including employment relationships, among others.³

Coercive control often includes a variety of physical, sexual, and/or emotional tactics that together function to control the victim. More specifically, Dr. Hughes will explain that these tactics may include, among other things, the following: actual or threatened physical violence; aggression; sexual assault and abuse, sexual degradation; micro-regulation; financial and economic control; control over reproductive health; control through the use of drugs or alcohol; physical and emotional isolation from preexisting support networks and external influence; use of collateral or damaging or compromising information; exploitation of preexisting psychological, traumatic, or financial vulnerability; psychological degradation and humiliation; gaslighting; and surveillance techniques limiting privacy and independent thought, and instilling the belief that the perpetrator is omnipresent. These abusive techniques function to suppress an individual's freedom and autonomy.

Dr. Hughes will testify that some of these coercive control tactics can be subtle and not immediately obvious to the lay observer, although they may be used in conjunction with more

² Basile, K.C., Smith, S.G., Kresnow, M., Khatiwada S., & Leemis, R.W. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

³ Evan Stark (2007). *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press; Dutton & Goodman. (2005) Coercion in intimate partner violence: Toward a new conceptualization. *Sex Roles*, 52(11-12).

tangible physically violent behaviors. She will further testify that perpetrators of domestic violence often use particular coercive control tactics that are targeted to exploit the vulnerabilities of their specific victim. As a result, the tactics are not one-size-fits-all and may be difficult for an outside observer to understand.

With respect to sexual abuse, coercive control may include the perpetrator causing the victim to engage in sexual activity in which they would not otherwise engage for fear of the negative consequences if they refused. This may include risky sexual activity, such as unprotected sex with multiple partners, and sex acts with third parties in the perpetrator's presence.

As a result of coercive control, an abuser can create an environment of fear and obedience that impacts a victim's decision-making and free will, as well as manipulates the victim's emotions. A perpetrator's coercive tactics and abuse are often interspersed with rewards, positivity, affection, and normalcy, which can create emotional attachment and psychological dependency. As a result of intimate partner abuse and coercive control, victims of domestic violence may stay with or return to, rather than leave, their abusers. This can result from a victim's feeling of psychological entrapment due to deterioration of the psychological functioning of the victim. Dr. Hughes will testify that there are multiple psychological reasons why victims may express love, tenderness, or loyalty for their abuser in the face of fear or violence and why victims face obstacles to leaving an abusive relationship. These can include fear, not wanting to get their abuser in trouble, love and emotional attachment, and material reasons such as financial dependence.⁴

Some examples of emotional bonds include a trauma bond, which is a psychological dependence on one's abuser created by an abuser's intermittent use of reward and punishment, and predatory helpfulness. An intense psychological attachment can also occur when a perpetrator manipulates a victim with "love bombing" followed by violence and/or abuse.⁵

Dr. Hughes will also testify that abusers may escalate coercive control tactics if they feel they are going to lose the victim or if the victim is trying to leave. These escalated tactics can include use of force and threats of violence, as well as seduction, positive validation, and other romantic tactics. The combination of violence and romance creates psychological confusion for the victim, which further impacts their ability to leave.

⁴ Barnett O.W. (2001). Why Battered Women Do Not Leave, Part 2: External Inhibiting Factors—Social Support and Internal Inhibiting Factors. *Trauma, Violence, & Abuse*, 2(1), 3 – 35; Dutton, M.A. (1992). Empowering and healing the battered woman: A model for assessment and intervention. New York, NY: Springer Publishing Company.

⁵ Doychaka, K. & Raghavan, C. (2023). Trauma-coerced attachment: Developing DSM-50's dissociative disorder "identity disturbance due to prolonged and intense coercive persuasion." *European Journal of Trauma & Dissociation*, 7(2).

Coping Strategies During and In Relation to Sexual Abuse

Dr. Hughes will speak about a broad range of defense mechanisms and coping strategies commonly used by victims in response to sexual abuse.⁶ These strategies function to allow the individual to maintain an attachment to and/or relationship with the perpetrator, and to put aside and protect themselves from painful and frequently overwhelming psychological distress. Victims often fall back on ingrained responses to power in order to stay safe, such as attempting to please or placate the abuser, bargaining with the perpetrator, compliance with demands and expectations, and/or remaining silent. In addition, the victim may engage in avoidance, compartmentalization, minimization, directed forgetting, making excuses for others, self-blame, and denial. Victims may also seek to numb and minimize painful sexual and abusive experiences through the use of substances, such as drugs and alcohol. When talking about their experiences of sexual abuse, individuals typically will not use words such as sexual assault or rape and will use minimizing or distancing language such as an unwanted or uncomfortable sexual experience.

Commonly, victims experience a sense of mental defeat upon realizing they are unable to prevent the abuse or its continuation and escalation. While most victims use some form of verbal response to communicate non-consent, other behavioral responses that communicate lack of consent commonly include habitual responses to power, such as engaging in polite resistance, and attempts to persuade, deflect, or convince the perpetrator to stop.

Delayed Disclosure

Dr. Hughes will testify about what might prompt a victim to disclose abuse that had previously remained secret. The disclosure of abuse is a process that occurs over time and delayed disclosure is common. Both external and internal barriers to disclosure of sexual abuse have been identified. External barriers refer to others' perceptions and anticipated reactions to them, such as fear of getting into trouble if they tell someone, fear that others will blame or judge them, fear of not being believed, or fear that the perpetrator will get in trouble. Internal factors have more to do with the victim's own feelings that inhibit disclosure, such as shame, guilt, humiliation, self-blame, confusion, and inability to recognize that they have been victimized.⁷

Research has consistently shown that sexual abuse is considered among the most underreported crimes.⁸ Victims often experience intense shame and embarrassment, self-doubt, psychological confusion, and self-blame, as well as fear of retaliation or fear of being disbelieved, which can also contribute to their decision whether or not to disclose abuse, and with whom they

⁶ Dworkin, E. R., Jaffe, A. E., Bedard-Gilligan, M., & Fitzpatrick, S. (2023). PTSD in the Year Following Sexual Assault: A Meta-Analysis of Prospective Studies. *Trauma, Violence & Abuse*, 24(2), 497–514.

⁷ Ullman, S., O'Callaghan, E., Shepp, V., & Harris, C. (2020). Reasons for and Experiences of Sexual Assault Nondisclosure in a Diverse Community Sample. *Journal of Family Violence*, 35, 839–851.

⁸ Tapp, S. & Coen, E. (2024). Criminal Victimization, 2023. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Bulletin, NCJ309335.

discuss their experiences. When individuals do disclose and talk about their experiences of sexual abuse and sexual assault, they are most likely to talk with a close friend or family member.

The relationship between the victim and the perpetrator also has been demonstrated to impact the disclosure process. The nature of the relationship between victim and perpetrator can function to obscure or inhibit the victim's ability to recognize and label sexual abuse as such. The closer the relationship between the victim and the perpetrator, the less likely the victim is to recognize or label what happened as sexual abuse. A relationship of trust and/or a power differential between the perpetrator and the victim can also increase the likelihood that a victim will not disclose or delay disclosure. Gendered norms, tradition, and culture can also influence a victim's response to sexual abuse and the disclosure process.

Memory

Dr. Hughes will also describe some features of how victims recollect sexual abuse. Traumatic stress is a psychological response to exposure to an extreme or severe stressor, such as actual or threatened death, serious injury, or sexual violence. Because of traumatic stress, abuse memories can be retained but also may be lost or fragmented.⁹ While most victims are aware of the central detail that they were abused, their memories of precise or peripheral details may be incomplete, including details about the sequence of events. This may be the result of common psychological defense mechanisms to trauma such as dissociation, suppression, avoidance, directed forgetting, or compartmentalization.¹⁰ The goals of these trauma-related defenses are to avoid experiencing distressing memories, thoughts, and feelings about the victimization, and to regulate emotion. When these strategies are used repeatedly over time, they can become habitual and automatic, and they have been found to cause voluntary and involuntary forgetting and deficits in recall, even of central details. As recognized in the Diagnostic and Statistical Manual of Mental Disorders, a criterion of Posttraumatic Stress Disorder is the inability to recall an important aspect of a traumatic event.¹¹ This happens across trauma groups, including victims of sexual abuse and intimate partner violence. Memories of experiences of sexual abuse are also influenced by factors such as the relationship between the perpetrator and the victim, the context in which the abuse occurred, the specific nature of the abuse, and the frequency of the sexual abuse incidents.

As a result of trauma, and particularly when a person employs dissociation during the event, memories of abuse may get encoded as flashbulbs, or fragments of memory, without a clear linear or coherent narrative. Similarly, in circumstances of repeated assault, victims may not have the capacity to recall each isolated incident. Rather, the details of the assaults may blend together

⁹ Iffland, B. & Neuner, F. (2016). Trauma and Memory, in G. Fink (Ed.) *Stress: Concepts, Cognition, Emotion, and Behavior*, (p.161-167). San Diego, CA: Academic Press.

¹⁰ Dalenberg, C. (2006). Recovered Memory and the Daubert Criteria. Recovered Memory as Professionally Tested, Peer Reviewed, and Accepted in the Relevant Scientific Community. *Trauma, Violence, & Abuse*, 7(4), 274-310.

¹¹ American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. Washington: American Psychiatric Association.

due to the frequency of the abuse. As a result, a victim of repeated sexual abuse may not be able to recall the time, place, occurrence, and other details regarding the traumatic incident. A victim may work to retrieve memory over time. Recalling trauma memories is highly context specific and may be activated by retrieval cues (i.e. other thoughts and memories), which can then trigger additional details of their victimization.

A handwritten signature in blue ink, appearing to read "Dawn M Hughes", followed by a horizontal line.

Dawn M Hughes PhD ABPP

EXHIBIT A

Curriculum Vitae
DAWN M. HUGHES, PH.D. ABPP
2025

CURRENT POSITIONS

- 1998 - Present *Independent Practice in Clinical and Forensic Psychology*
Specialization in Traumatic Stress, Interpersonal Violence, and
Anxiety Disorders
- 2010 - Present *Clinical Assistant Professor of Psychology in Psychiatry*
Weill Cornell Medical College - New York Presbyterian Hospital
New York, NY

EDUCATION

- 1996 Doctor of Philosophy (Ph.D.) in Clinical Psychology
Nova Southeastern University, Fort Lauderdale, FL
- 1992 Master of Science (M.S.) in Clinical Psychology
Nova Southeastern University, Fort Lauderdale, FL
- 1988 Bachelor of Arts (B.A.) in Psychology
Hamilton College, Clinton, NY

PROFESSIONAL TRAINING

- 9/96 - 9/97 *Postdoctoral Fellow - Research Associate in Psychiatry*
Weill Cornell Medical College - New York Presbyterian Hospital
Anxiety and Traumatic Stress Program - Payne Whitney Clinic
New York, NY
- 6/94 - 6/95 *Predoctoral Intern*
Yale University School of Medicine - Department of Psychiatry
Substance Abuse Treatment Unit and West Haven Mental Health Clinic New
Haven, CT

LICENSURE & BOARD CERTIFICATION

- 1997 New York Licensed Psychologist
- 2005 Board Certification in Forensic Psychology - American Board of Professional Psychology
- 2015 Connecticut Licensed Psychologist
- 2015 North Carolina Licensed Psychologist
- 2024 New Jersey Licensed Psychologist

PROFESSIONAL AFFILIATIONS

- American Psychological Association (APA)
American Psychology and Law Society
Division of Trauma Psychology

Psychologists in Independent Practice
Society for the Psychology of Women
New York State Psychological Association (NYSPA)
American Board of Professional Psychology (ABPP)
Fellow – American Academy of Forensic Psychology (AAFP)
International Society for Traumatic Stress Studies (ISTSS)
Anxiety Disorders Association of America (ADAA)
Women’s Mental Health Consortium (WMHC)
International Society for the Study of Trauma and Dissociation (ISSTD)

PROFESSIONAL ACTIVITIES

American Psychological Association (APA)

President – Division of Trauma Psychology – 2023
Executive Board – Division of Trauma Psychology - 2022-present
Council of Representatives – Division of Trauma Psychology – 2018-2020
Member-at-Large – Division of Trauma Psychology – 2013-2014
Leadership Institute for Women in Psychology – 2011-2012
Awards Chair - Division of Trauma Psychology – 2010-2012
Convention Program Co-Chair – Division of Trauma Psychology 2008-2010

Women’s Mental Health Consortium

President - 2009-2017
Membership Chair - 2007-2009

International Society for Traumatic Stress Studies (ISTSS)

Program Committee 2001

CLINICAL EXPERIENCE

1/97 - 9/97	<i>Clinical Diagnostic Interviewer</i> Rockefeller University-Laboratory of Human Neurogenetics, NY, NY
9/92 - 8/93	<i>Psychology Extern</i> Veterans' Administration Outpatient Clinic, Oakland Park, FL
9/91 - 8/92	<i>Psychology Extern</i> Family Violence Program, Nova University, Fort Lauderdale, FL
9/90 - 6/91	<i>Psychology Trainee</i> Nova University Community Mental Health Center, Lauderhill, FL
5/91 - 11/91	<i>Crisis Clinician</i> Nova University Crisis Services, Fort Lauderdale, FL
5/89 - 7/90	<i>Legal Services Assistant</i> The Legal Aid Society - Federal Defenders Services Unit, New York, NY
5/88 - 5/89	<i>Substance Abuse Counselor</i> Narco Freedom, Bronx, NY

10/87 - 5/88 *Field Study Intern*
Central New York Psychiatric Center, Marcy, NY

TEACHING EXPERIENCE

2002 - 2010 *Clinical Instructor of Psychology in Psychiatry*
Weill Cornell Medical College, New York, NY
New York Presbyterian Hospital - Payne Whitney Clinic

1998 - 2000 *Consultant: Professional Development, Education and Training*
Victim Services, New York, NY

9/92 - 12/92 *Teaching Assistant*
9/93 - 12/93 Nova Southeastern University, Fort Lauderdale, FL
Courses: Advanced Research Design and Intermediate Statistics

RESEARCH EXPERIENCE

5/92 - 5/94 *Research Coordinator*
Sexual Abuse Survivors Program
Nova University Community Mental Health Center, Fort Lauderdale, FL

9/91 - 5/94 *Research and Statistical Consultant*
Nova University - Fort Lauderdale, FL

PUBLICATIONS

Blackman, J and Hughes, D. (June 2024). The influence of the internet on justice, especially in high-profile cases — including the Trump trials. *The Champion* (Magazine of the National Association of Criminal Defense Lawyers), Washington, DC

Tardiff, K. and Hughes, D.M. (2011). Structured and clinical assessment of risk of violence. In Drogin et al. (Eds.) *Handbook of Forensic Assessment: Psychiatric and Psychological Perspectives*, John Wiley & Sons, Inc., New Jersey

Hughes, D.M. & Cloitre, M. (1999). Rape and sexual assault among adult women. In K. Tardiff (Ed.). *Medical Management of the Violent Patient*, Marcel Dekker, Inc., New York

Gold, S.N., Hughes, D.M. & Swingle, J. (1999). Degrees of memory of childhood sexual abuse among women survivors in therapy. *Journal of Family Violence*, 14, 35-46.

Gold, S.N., Elhai, J., Lucenko, B.A., Swingle, J.M., & Hughes, D.M. (1998). Abuse characteristics among childhood sexual abuse survivors in therapy: A gender comparison. *Child Abuse and Neglect*, 22, 1005-1012.

Hughes, D.M. (1996). Memory for childhood sexual abuse: Prevalence and relationship to abuse characteristics and psychological effects. Doctoral dissertation.

Gold, S.N., Hughes, D.M. & Swingle, J. (1996). Characteristics of childhood sexual abuse among female survivors in therapy. *Child Abuse and Neglect*, 20, 323-335.

Gold, S.N., Hughes, D.M. & Hohnacker, L. (1994). Degrees of repression of sexual abuse memories. *American Psychologist*, 49, 441-442.

PROFESSIONAL PRESENTATIONS

Hughes, D.M. (December 6, 2024). *Forensic Assessment of Trauma in Civil and Criminal Cases*. Continuing Education Webinar - Trauma Training Series - Nova Southeastern University – College of Psychology

Hughes, D.M. (August 2023). *APA Trauma Psychology Division Presidential Address - Trauma Healing and Recovery: What Really Matters*. Presentation at the 131st Annual Convention of the American Psychological Association, Washington, DC

Hughes, D.M. (December 15, 2022). *Intimate Partner Violence: Challenges in Assessment and Treatment*. Psychology Grand Rounds Presentation. Weill Cornell Medicine - Department of Psychiatry, New York, NY

Hughes, D.M. and Rocchio, L.M. (August 2014). *Essentials of Forensic Assessment of Trauma in Criminal and Civil Matters*. Presentation at the 122nd Annual Convention of the American Psychological Association, Washington, DC

Hughes, D.M. (November 2013). *It Matters: The Developmental Lifespan of the Trauma Therapist*. Symposium presentation at the 30th Annual Meeting of the International Society for the Study of Trauma and Dissociation, Baltimore, MD

Hughes, D.M. (November 2011). *Conceptualization of Complex Trauma and PTSD in Forensic Matters*. Panel presentation at the 27th Annual Meeting of the International Society of Traumatic Stress Studies, Baltimore, MD

Hughes, D.M. (August 2011). *Assessment of Complex Trauma in a Forensic Setting*. Presentation at the 119th Annual Convention of the American Psychological Association, Washington, DC

Hughes, D.M. (June 2011). *What Every Psychologist Needs to Know About Trauma*. Workshop presentation at the New York State Psychological Association Annual Conference, New York, NY

Hughes, D.M. (March 2011). *Vicarious Traumatization in Forensic Practice: Why Does It Matter?* Presentation at the American Psychology and Law Annual Conference, Miami, FL

Hughes, D.M. and Rocchio, L.M. (November 2010). *Forensic Assessment of Psychological Trauma and PTSD*. Workshop presented at the 26th Annual Meeting of the International Society of Traumatic Stress Studies, Montreal, Canada

Hughes, D.M. (August 2010). *Ethical Dilemmas and Professional Considerations for Working with the Adult Survivor of Sexual Abuse: Forensic Psychology*. Presentation at the 118th Annual Convention of the American Psychological Association, San Diego, CA

Hughes, D.M., Courtois, C., Walker, L.E., and Vasquez, M. (August 2009). *Trauma treatment in independent practice: Principles and resources*. Workshop presented at the 117th Annual Convention of the American Psychological Association, Toronto, Canada

Hughes, D.M. (August 2008). *Difficulties and dilemmas when dissociation is present in forensic cases*. Presentation at the 116th Annual Convention of the American Psychological Association, Boston, MA

Hughes, D.M. (November 2007). *Forensic issues in the assessment of trauma*. International Society for Trauma and Dissociation 24th Annual Conference, Philadelphia, PA

Hughes, D.M. (November 2000). Multi-method approach to assessment in forensic evaluations. In A. Pratt (Chair) *Forensic assessment and testimony: Psychological trauma*. A workshop presentation at the 16th Annual Meeting of the International Society for Traumatic Stress Studies, San Antonio, TX.

Hughes, D.M. (August 1999). *Training in interpersonal violence: The next generation*. Presentation at the American Psychological Association Annual Convention, Boston, MA.

Gold, S.N., Hughes, D.M. & Swingle, J. (November 2000). *Memory for childhood sexual abuse: A matter of semantics*. Panel presentation at the 16th Annual Meeting of the International Society for Traumatic Stress Studies, San Antonio, TX.

Hughes, D.M. & Gold, S.N. (November 1997). *Memory for childhood sexual abuse and adult symptomatology*. Poster session presented at the 13th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Canada.

Hughes, D.M., Cloitre, M., Hand, R., Klein, C., Herwitz, J., Bleiberg, K. & Pessier, J. (November 1997). Role functioning impairment in CSA-related PTSD. In D.M. Hughes (Chair), *Role functioning impairment among women with childhood sexual abuse-related PTSD*. Symposium presentation at the 13th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Canada.

Cloitre, M., Hughes, D.M. & Hand, R. (November 1997). A two-phase treatment for CSA-related PTSD: Rationale and preliminary results. In D.M. Hughes (Chair), *Role functioning impairment among women with childhood sexual abuse-related PTSD*. Symposium presentation at the 13th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Canada.

Klein, C., Hughes, D.M. & Cloitre, M. *Ethnocultural considerations in the assessment of PTSD in survivors of sexual assault*. (November 1997). Poster presentation at the Annual Meeting of the Association for the Advancement of Behavioral Therapy, Miami, FL.

Gold, S.N., Hughes, D.M. & Swingle, J. (July 1995). *Degrees of memory of childhood sexual abuse among female survivors in therapy*. Paper presented at the 4th International Family Violence Research Conference, Durham, NH.

Stear, C.A., Gold, S.N., & Hughes, D.M. (November 1994). *Family of origin atmosphere of sexual abuse survivors, distressed, and non-clinical families*. Paper presented at the Illinois Psychological Association Annual Convention, Chicago, IL.

Gold, S.N., Williamson, C. & Hughes, D.M. (March 1994). *Male sexual abuse survivors: Integrating empirical and clinical findings*. Paper presented at the Mid-Winter Convention of APA Divisions 29, 42, & 43.

Hughes, D.M., Bramson, J., Galper, L., Gelpi, H., Rubenstein, F & Dutton, M.A. (June 1992). *Training in the context of relationships: A model for the family violence clinician*. Paper presented at the First World Congress of the International Society for Traumatic Stress Studies, Amsterdam, The Netherlands.

INVITED ADDRESSES

Hughes, D.M., Rocchio, L.M., & Bailey, T. (August 3, 2023). *The Varied Roles of the Forensic Psychologist in Civil and Criminal Cases Involving Interpersonal Violence*. APA Trauma Psychology Division suite presentation at the American Psychological Association Annual Convention. Washington, D.C.

Hughes, D.M. (October 22, 2022). *COVID-19 and the Evolving Workplace: Understanding the Psychology, In Brief*. Psychological Issues in the Workplace 2019. Practicing Law Institute, New York, NY

Hughes, D.M. & Punzo, J. (August 6, 2022). *Creating and Sustaining a Trauma-Focused Private Practice*. APA Division 56 – Trauma Psychology suite presentation at the American Psychological Association Annual Convention. Minneapolis, MN.

Hughes, D.M. (August 4, 2022). *Bringing Trauma Psychology to the Courtroom*. APA Division 56 – Trauma Psychology suite presentation at the American Psychological Association Annual Convention. Minneapolis, MN.

Hughes, D.M. (October 29, 2020). *Thriving Not Surviving: The Legal System and How to Allow Sexual Assault Victims to Become Survivors*. The Association of the Bar of the City of New York. New York, NY

Hughes, D.M. (October 29, 2020). *Intimate Partner Violence: Understanding Women's Use of Force*. In CLE program, 2020 Judicial Symposium on Domestic Violence – Keynote Webinar Series. New York States Courts Office of Policy and Planning. New York, NY

Hughes, D.M. (September 17, 2019). *Mental Health Issues and the Workplace*. In CLE program, The Interplay of Mental Health Disabilities and Workplace Accommodations. New York City Bar Association, New York, NY

Hughes, D.M. (April 3, 2019). *Psychological Issues in the Workplace 2019*. Practicing Law Institute, New York, NY

Hughes D.M. (June 8, 2018). *Trauma and the Courtroom*. Alumni College Speaker. Hamilton College, Clinton, NY

Hughes, D.M. (February 2, 2018). *Domestic Violence 2018: Survivors as Defendants, Respondents, and Parole or Clemency Applicants*. Practicing Law Institute, New York, NY

Hughes, D.M., & Rocchio, L.M. (August 6, 2016). *Forensic work with trauma populations*. APA Division 56 – Trauma Psychology suite presentation at the American Psychological Association Annual Convention. Denver, CO

Hughes, D.M., Courtois, C., & Brown, L. (August 5, 2016). *Establishing a clinical practice in trauma psychology*. APA Division 56 – Trauma Psychology suite presentation at the American Psychological Association Annual Convention. Denver, CO

Hughes, D.M. (September 16, 2015 and October 7, 2015). *Interpersonal Violence, Trauma, and the Courtroom in Understanding the Ties that Bind: Judicial Responses to Domestic and Sexual Violence*. Judicial Training -New York Unified Court System - Domestic Violence Task Force. White Plains and Rochester, New York.

Dutton, M.A. and Hughes, D.M. (April 13, 2015). *Expert Witness Testimony in Cases Involving Domestic Violence*. Webinar conducted for the National Clearinghouse for the Defense of Battered Women.

Hughes, D.M. (September 2012). *The Relationship Matters: Maximizing Success*. Presentation to attorneys at Outten and Golden, LLP. New York, NY

Hughes, D.M. (June and August 2012). *Promoting Healthy Relationships: Living Without Violence and Abuse*. Professional training presented to the United States Army National Guard. Fort Hamilton, NY

Hughes, D.M. (July 2011). *Remaining Civil with the Uncivil*. College of Labor and Employment Lawyers. EEOC. New York, NY

Hughes, D.M. (March 2011). *The Victim of Interpersonal Violence and the Courtroom*. Judicial Commission on Women in the Courts invited Continuing Legal Education seminar. Brooklyn, NY

Hughes, D.M. (November 2010). *The Use of Psychological Experts in Cases of Domestic Violence*. Invited Continuing Legal Education seminar presented at the Kings County Criminal Bar Association, Brooklyn, NY

Hughes, D.M. (July 2010). *Ethics and Risk Management in the Practice of Psychotherapy*. Invited presentation at the Women's Mental Health Consortium Quarterly Meeting, New York, NY

Hughes, D.M. (January 21 and 22, 2010). *Understanding Domestic Violence*. Professional training in Advocating for Children in Cases of Domestic Violence by the New York Appellate Divisions and the New York State Office of Court Administration. New York City and White Plains.

Hughes, D.M. (2009). *The victim of interpersonal violence and the courtroom: Strategies for understanding*. Manhattan Integrated Domestic Violence Courts Continuing Legal Education Seminar (February 2009); Appellate Division Fundamental Training Series (May 2009 and January 2010); Queens County Family Court Continuing Legal Education Seminar (June 2009).

Hughes, D.M. (March 2008). *Collision course of children's wishes, best interests, and domestic violence*. Invited presentation and the Twelfth Annual Conference on Domestic Violence. Fordham Law School, New York, NY

Hughes, D.M. (March 2007). *The inconvenient truths of domestic violence*. Invited address at the Eleventh Annual Conference on Domestic Violence. Fordham Law School, New York, NY

Hughes, D.M. (June 2006). *Issues and dilemmas in interpersonal violence*. Invited presentation at STEPS to End Family Violence. New York, NY.

Hughes, D.M. (December 2001). *Relevance of domestic violence in the courtroom: Expert testimony in a duress case*. Chairperson of a mock trial continuing education seminar at the 17th Annual Meeting of the International Society of Traumatic Stress Studies, New Orleans, LA.

Hughes, D.M. (September 2001). *Psychological assessment in the aftermath of the World Trade Center disaster*. Emergency meeting of the New York Chapter of the International Society of Traumatic Stress Studies. New York, NY.

Hughes, D.M. (April 2001). Moving beyond domestic violence 101: Challenges and solutions. Invited presentation in J. Pearl and S. Herman (Chairs), *Violence and the Family: Current legal and mental health perspectives*. Association of the Bar of the City of New York, New York, NY.

Hughes, D.M. (June 2000). Psychological testing in forensic evaluations. Invited presentation in symposium, M. Dowd (Chair) *Psychological evidence in plea negotiations and sentencing*. Association of the Bar of the City of New York, New York, NY.

DAWN M. HUGHES, PH.D., ABPP
 CLINICAL AND FORENSIC PSYCHOLOGIST
 274 MADISON AVENUE - SUITE 604
 NEW YORK, NEW YORK 10016

TELEPHONE (212) 481-7044
 FACSIMILE (212) 481-7045
 EMAIL HUGHES@DRDAWNHUGHES.COM
 WEB WWW.DRDAWNHUGHES.COM

NEW YORK STATE LICENSED PSYCHOLOGIST
 BOARD CERTIFIED IN FORENSIC PSYCHOLOGY

COURT APPEARANCES and DEPOSITIONS
2021 to 2025

MATTER	STATE	COUNTY	DATE
<u>Vernon Horn v. City of New Haven et al.</u> (deposition)	Connecticut	United States District Court - Connecticut	January 4, 2021
<u>United States v. Robert Sylvester Kelly</u>	New York	United States District Court – Eastern District of New York	September 17 & 20, 2021
<u>United States v. Lawrence Ray</u>	New York	United States District Court –Southern District of New York	March 14 & 15, 2022
<u>John C. Depp, II v. Amber Laura Heard</u> (deposition)	Virginia	Fairfax	March 28, 2022
<u>John C. Depp, II v. Amber Laura Heard</u>	Virginia	Fairfax	May 3, 4, & 26, 2022
<u>W.M. v. Warren County</u>	New Jersey	Warren	June 16, 2022
<u>Lynda Cutbill v. Cold Spring Harbor Central School District et al.</u> (deposition)	New York	United States District Court – Eastern District of New York	October 14, 2022
<u>Susan Sandler v. Cold Spring Harbor Central School District et al.</u> (deposition)	New York	United States District Court – Eastern District of New York	October 17, 2022
<u>State of New York v. Lucas Mowngly</u>	New York	Kings	December 12, 2022
<u>State of New York v. Benjamin Collazo</u>	New York	Kings	January 19, 2023
<u>State of New York v. Basheir Wahib</u>	New York	Kings	April 3, 2023
<u>T.B. v New Jersey Dept of Human Services, et al.</u> (deposition)	New Jersey	Monmouth	April 24, 2023
<u>Jane Doe v Order of St. Benedict et al.</u> <u>Jane Doe v. Lewis Roca et al.</u> (deposition)	Rhode Island New Mexico	United States District Court – District of Rhode Island - District of New Mexico	May 22, 2023
<u>United States v. Vernon Copeland</u>	New York	United States District Court –Southern District of New York	July 12, 2023

	MATTER	STATE	COUNTY	DATE
	<u>Casey Casserino v. Hartford Healthcare Corporation, et al.</u> (<i>deposition</i>)	Connecticut	Superior Court of New Britain	February 23, 2024
	<u>State of New York v. Kattie Mino</u> (<i>DV/SJA</i>)	New York	Queens	September 27, 2024 December 5, 2024
	<u>Yanique Dash v. Western Express. Inc.</u> (<i>deposition</i>)	Connecticut	Superior Court of Stamford	September 30, 2024
	<u>Karen Barzman v. State University of New York, et al.</u> (<i>deposition</i>)	New York	United States District Court – Northern District of New York	October 7, 2024
	<u>Pamela O’Grady v. Auburn Enlarged City School District, Auburn Board of Education, et al.</u>	New York	Cayuga	November 18, 2024